

# **ASSOCIATION of MIDWIVES of NEWFOUNDLAND & LABRADOR**



**Newsletter No. 29, March 2004**





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REFERENCE

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**Association of Midwives of Newfoundland and Labrador**  
(Chapters in Goose Bay and St. John's)  
**Newsletter 29**  
March 2004

**MISSION STATEMENT**

**To provide professional information for midwives, and to promote the recognition of the role of midwives, and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to legally provide research-based, total midwifery care as a choice for childbearing families in this province.**

This Newsletter contains some reports for the Annual General Meeting to be held on March 30, 2004. There are other items of interest to members. The annual membership fees were due on January 1. If you have not yet paid please send your fees to the Treasurer as soon as possible. There is a membership form at the end of this Newsletter.

This Newsletter is the method by which members are kept informed about midwifery and other maternity matters. Send items and constructive comments to the President for forwarding to the Editor. Thank you for items contributed. Those who submit are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility.

Pearl Herbert, Editor.

**AMNL Annual General Meeting, Tuesday, March 30, 2004, 4:00 p.m. (Island time).**  
**The meeting in St. John's will be at Telemedicine, HSC. All sites wishing to be connected need to provide their telephone number to TETRA Telemedicine (1-877-737-0281) prior to the meeting. (For reporting problems during the meeting call 709-737-6654.)**  
**Proposed changes to the Constitution/Bylaws should have been sent to all full members postmarked at least 40 (forty) days prior to the date of the meeting.**

**Direction and Planning Meeting, Monday, March 29, 2004, 6.30 p.m. (Island time),**  
**At 6 Glavine Street, St. John's.**

**Executive Committee**

President: Karene Tweedie, CNS, 100 Forest Road, St. John's, NL, A1A 1E5

Treasurer: Pamela Browne

Secretary: Kay Matthews

Past President: Ann Chaulk

Newsletter Editor: Pearl Herbert

Home page: <http://www.ucs.mun.ca/~pherbert/>

Newsletter in HSLibrary: WQ 160 N457n



### AMNL Newsletter Report 2003/2004

“Association journals are one of the major benefits of membership. Journals represent the lifeblood of an organization, and can be a vital and dynamic forum for the transfer of knowledge and ideas.” *Canadian Journal of Public Health*, 95(1), 69. (January/February 2004).

Newsletters were distributed to members in March, June and September 2003 by paper copies, and in January 2004 electronically where possible.

We have been using Staples Business Depot for printing where the charge for 500-999 pages is \$0.04 per page, and 100-499 pages is \$0.05. The Newsletter had an average of 26 pages per issue, which included the cover page.

The total cost for four issues of the Newsletter (March, June, September 2003, January 2004) was \$157.77 (a decrease of \$64.11 from last year). A breakdown of the \$157.77 is \$49.57 for postage and \$108.20 for photocopying and this included \$14.12 HST. (Last year's total was \$140.20 for photocopying).

Where possible the Newsletters are mailed inter departmentally, or as a package of Newsletters to be distributed to members at a site. Only a few are mailed to individuals.

The individual's cost for the year was equivalent to \$7.35 from the membership fee for 2003 (a decrease from \$7.82 for last year). This does not take into account the Newsletters which are distributed to those who are not members, e.g. the President of the Canadian Association of Midwives (CAM), the Midwives Association of New Brunswick (as was agreed at last year's annual general meeting), one for the reference binder in the Health Sciences Library, one for the AMNL secretary's file, and copies to others who contribute articles or give us permission to copy articles from other Newsletters. The AMNL membership is on a fixed annual basis and so we give back copies from the beginning of the year to those who join late. Any extra copies are used for recruitment purposes and to advertise AMNL.

It was decided to try and send the Newsletter electronically. It was put into pdf format as most members do not have WordPerfect, which is the software used by the editor. Another advantage of using pdf is that once the document is saved in this format it cannot be changed. Of the 15 AMNL members (not counting one who moved out of the province in January), there were 7 (47%) members who could read and print the Newsletter, 3 (20%) could not access it, 4 (27%) do not have access to electronic mail or cannot access such attachments, and 1 (6%) has not replied to the inquiry about accessing electronic Newsletters. Printed copies were given to the Secretary for the AMNL files and to the Health Sciences Library for the binder in the reference section. The copy to CAM was sent electronically, and a copy has been sent to the NYRC members (which includes the MANB). Although there was some dollar savings the cost per photocopied page was more, and there was a savings on the postage, but the mail to HVGB was hand delivered. The total cost was \$15.97, a saving of about 75%.

We need to decide what to do about the distribution of Newsletters. One suggestion could be that Newsletters sent to nonmembers be sent electronically, but paper copies to be sent to paid-up AMNL members, unless they specifically request an electronic copy in pdf format. There is no use providing a Newsletter which cannot be read by the members. Paper copies still to be given to the Secretary for the AMNL file and to the Health Sciences Library.



### Complaint to the Office of the Citizens' Representative - An Update

On April 3, 2003, a complaint form was completed and submitted to Fraser March, Citizens' Representative, by the Association of Midwives of Newfoundland and Labrador (AMNL) members who were appointed to the provincial Midwifery Implementation Committee (MIC). The complaints made were that: Members of the AMNL were misled regarding midwifery legislation; Members of the AMNL wasted much time preparing materials for the MIC; Members of the AMNL question what information was given to the Minister (as there was no final report). At the first MIC meeting the Minister of Health and Community Services had addressed the committee and indicated that enabling legislation regarding midwifery could go forward at the Fall 1999 sitting of the House of Assembly. Of course, this never happened. In answer to the question of how this complaint could be settled the reply submitted was that "The AMNL members would like to be able to proceed to the next step, with a transitional board so that midwives who wish to consider registration can commence preparing." This submission was promptly acknowledged. On August 25, 2003, we were advised that the complaint was "undergoing preliminary review". On January 30, 2004, we were advised that "Your complaint is being reviewed as quickly as possible."

On March 10, Mr. March was interviewed on the CBC AM radio program, and gave the history of the Ombudsman's office. This province has lagged behind other provinces in setting up such an office, and providing citizens with a way of submitting complaints regarding the provincial government. About three years ago, the Newfoundland and Labrador Government established such an office modeled on the one in Manitoba which was formed 22 years ago. However, in Manitoba there are 27 employees but in this province there are only three employees. Currently the Citizens' Representative has 600 investigations ongoing arising from the 1272 complaints received in 2002. As well the Citizens' Representative has 500 investigations in process from the 900 complaints received in 2003. Additionally 50 complaints are received each month. Mr. Williams was also interviewed and said that the Government is spreading the complaints in an attempt to lessen the work load. The following day Mr. Grimes said that as the Ombudsman's office was established to deal with complaints about ministries it could not function as needed if the complaints were diverted to the various Government Departments.

This leaves us wondering if the AMNL complaint will ever get investigated.

**Research Articles** (taken from recent issues of the *RCM Midwives Journal*). Some page numbers are missing from the reports in the journal.

#### Midwifery and Related Topics

- EuroNatal Working Group. (2003). Finland and Sweden 'top euro league' for maternal and perinatal care. *British Journal of Obstetrics & Gynaecology*, 110(2),
- Macdonald, S. (2004). A long overdue debate: The Bologna Declaration contains key actions on higher education in Europe, which are set to have a major impact on midwifery education. *RCM Midwives Journal*, 7(2), 60-61. [Universities without research activity will not be recognised in Europe. Midwifery educators need to be aware of developments in other parts of the world that impact on midwifery education and practice.]



- RCM Position Statement No. 3. (2003). Nurses in the maternity services. *RCM Midwives Journal*, 6(7), 312-313.
- RCM Amended Position Statement No. 3. (2003). Nurses in the maternity services. *RCM Midwives Journal*, 6(11), 488.
- Smith, G., Pell, J., Dobbie, R. (2003). Interpregnancy interval and risk of preterm birth and neonatal death: Retrospective cohort study. *British Medical Journal*, 327, 313-319.

### Pregnancy

- Benjamin, O., Gaffney, G., & Morrison, J. (2003). Attitudes towards routine prenatal diagnostic investigations in obstetric practice in the Republic of Ireland. *Irish Medical Journal*, 96(5), 135-137.
- Hey, M., & Hurst, K. (2003). Antenatal screening: Why do women refuse? *RCM Midwives Journal*, 6(5), 216-220.
- Hutton, et al. (2003). External cephalic version beginning at 34 weeks' gestation versus 37 weeks' gestation: A randomized multicenter trial [in Ontario]. *American Journal of Obstetrics & Gynecology*, 189, 245-254.
- Jackson, D., Lang, J., Swartz, W., Ganiats, T., Fullerton, J., Ecker, J., & Nguyen, U. (2003). Outcomes, safety, and resource utilization in a collaborative care birth center program compared with traditional physician-based perinatal care. *American Journal of Public Health*, 93(6), 999-1006.
- Kaaja, E., Kaaja, R., & Hiilesmaa, V. (2003). Major malformation in offspring of women with epilepsy [in Finland]. *Neurology*, 60, 575-579.
- Kvigne, V., Leonardson, G., Borzelleca, J., Brock, E., Neff-Smith, M., & Welty, T. (2003). Characteristics of mothers who have children with fetal alcohol syndrome or some characteristics of fetal alcohol syndrome. *Journal of the American Board of Family Practice*, 16(4), 296-303.
- Magee, L., Cham, C., Waterman, E., Ohlsson, A., & von Dadelszen, P. (2003). Hydralazine for treatment of severe hypertension in pregnancy: Meta-analysis. *British Medical Journal*, 327, 955.
- McKenna, D., Spence, D., Haggan, S., McCrum, E., Dornan, J., & Lappin, T. (2003). A randomized trial investigating an iron-rich natural mineral water as a prophylaxis against iron deficiency in pregnancy [in Ireland]. *Clinical Laboratory Haematology*, 25, 99-103.
- Ononeze, B., & Michael, T. (2003). Acceptability of antenatal HIV testing in Ireland, *Irish Medical Journal*, 96(4),
- Soltani, H., & Taylor, G. M. (2003). Changing attitudes and perceptions to hyperemesis gravidarum. *RCM Midwives Journal*, 6(12), 520-524.
- Vatten, L., & Skjaerven, R. (2003). Effects on pregnancy outcome of changing partner between first two births: Prospective population study. *British Medical Journal*, 327(7413), 1138.
- Weisberg, K., Kesmodel, U., Bech, B., & Henriksen, T. (2003). Maternal consumption of coffee during pregnancy and stillbirth and infant death in the first year of life: Prospective study [in Denmark]. *British Medical Journal*, 326, 420.

### Labour and Birth

- Christianson, L., Bovbjerg, F., McDavitt, E., & Hullfish, K. (2003). Risk factors for perineal injury during delivery. *American Journal of Obstetrics & Gynecology*, 189, 255-260.



- Eogan, M., Geary, M., O'Connell M., & Keane, D. (2003). Effect of fetal sex on labour and delivery: Retrospective review. *British Medical Journal*, 326, 137-140.
- Farah, N., Geary, M., & Connolly, G. (2003). The caesarean section rate in the Republic of Ireland. *Irish Medical Journal*, 96(8), 242-243.
- Fleming, N., Newton, E., & Roberts, J. (2003). Changes in postpartum perineal muscle function in women with and without episiotomies. *Journal of Midwifery Women's Health*, 48, 53-59.
- Green, N., & Ryan, C., Shusterman, L., Massett, H., Fiore, E., & Damus, K. (2003). Understanding pregnant women's perspectives on preterm birth. *Contemporary Obstetrics & Gynecology*, 48, 70-87.
- Gould, G., Qin, C., Marks, A., & Chavez, G. (2003). Neonatal mortality in weekend versus weekday births. *Journal of the American Medical Association*, 289, 2958-2962.
- Hagelskamp, C., Scammell, A., Gray, J., & Stephens, L. (2003). Staying home for birth: Do midwives and GPs give women a real choice? *RCM Midwives Journal*, 6(7), 300-303.
- Harrison, J. (2004). Auscultation: The art of listening. *RCM Midwives Journal*, 7(2), 64-69.
- Jones, S. (2003). Ethico-legal issues in home birth. *RCM Midwives Journal*, 6(3), 126-128.
- Kane Low L., Martin, K., Sampsel, C., Guthrie, B., & Oakley, D. (2003). Adolescents' experiences of childbirth: Contrasts with adults. *Journal of Midwifery & Women's Health*, 48(3), 192.
- McKenna, P., & Matthews, T. (2003). Safety of home delivery compared with hospital delivery in the Eastern Region Health Authority in Ireland in the years 1999-2002. *Irish Medical Journal*, 96, 198-200. **[For details of the many errors with this research see MIDIRS Midwifery Digest, 13(4), 515-518.]**
- Murphy, D., Pope, C., Frost, J., & Liebling, R. (2003). Women's views on the impact of operative delivery in the second stage of labour: Qualitative interview study. *British Medical Journal*, 327(7413), 1132.
- Olesen, A., Basso, O., & Olsen, J. (2003). Risk of recurrence of prolonged pregnancy [in Denmark]. *British Medical Journal*, 326, 476.
- Reitberg, C., Elferink-Stinkens, P., Brand, R., van Loon, A., van Hemel, O., & Visser, G. (2003). Term breech presentation in The Netherlands from 1995 to 1999: Mortality and morbidity in relation to the mode of delivery of 33,824 infants. *British Journal of Obstetrics & Gynaecology*, 110, 604-609.
- Waters, B., & Raisler, J. (2003). Ice massage for the reduction of labor pain. *Journal of Midwifery & Women's Health*, 48(5), 317-321.

### Infections

- Brown, Z., Wald, A., Morrow, A., Selke, S., Zeh, K., Corey, L. (2003). Effect of serologic status and caesarean delivery on transmission rates of herpes simplex virus from mother to infant. *Journal of the American Medical Association*, 289, 203-209.

### Neonatal Care

- Forsyth, et al. (2003). Long chain polyunsaturated fatty acid supplementation in infant formula and blood pressure in later childhood: Follow-up of a randomised controlled trial. *British Medical Journal*, 326, 953.



- Rahmathullah et al. (2003). Impact of supplementing newborn infants with vitamin A on early mortality: Community-based randomised trial in southern India. *British Medical Journal*, 327(7409), 254.
- Renfrew, M., Ansell, P., & Macleod, K. (2003). Formula feed preparations: Helping reduce the risks: a systematic review. *Archives of Diseases of Childhood*, 88(10), 855-858.
- Schmidt, B., Asztalos, E., Roberts, R., Robertson, C., Suave, R., & Whitfield, M. (2003). Impact of bronchopulmonary dysplasia, brain injury and severe retinopathy on the outcome of extremely low-birth-weight infants at 18 months. *Journal of the American Medical Association*, 289, 1124-1129.

#### Postpartum Care

- Nelson, E., McCabe, B., Moran, D., & O'Brannagain, D. (2002). The six week postnatal check: Women's choice of service provider. *Irish Medical Journal*, 95(10),
- Patel et al. (2003). Postnatal depression linked to poor growth of infants. *Archives of Diseases of Childhood*, 88, 34-37.
- Priest, S., Henderson, J., Evans, S., & Hagan, R. (2003). Stress debriefing after childbirth: A randomised controlled trial. *Medical Journal of Australia*, 178, 542-545.
- van Walraven, C., Mamdani, M., Cohn, A., Katib, Y., Walker, M., & Rodger, M. A. (2003). Risk of subsequent thromboembolism for patients with pre-eclampsia. *British Medical Journal*, 326(7393), 791-792.

#### Breastfeeding

- Aguayo, V., Ross, J., Kanon, S., & Ouedraogo, A. (2003). Monitoring compliance with the International Code of Marketing of Breast Milk Substitutes in west Africa: Multi-site cross-sectional survey in Togo and Burkina Faso. *British Medical Journal*, 326, 127-130.
- Baumgarder, D., Muehl, P., Fischer, M., & Pribbenow, B. (2003). Effect of labor epidural anesthesia on breastfeeding of healthy full-term newborns delivered vaginally. *Journal of the American Board of Family Practice*, 16, 7-13.
- Carbajal, R., Veerapen, S., Jugie, M., & Ville, Y. (2003). Analgesic effect of breastfeeding in term neonates: Randomised controlled trial [in France]. *British Medical Journal*, 326, 13.
- Phillip, B., Malone, K., Cimo, S., & Merewood, A. (2003). Sustained breastfeeding rates at a US Baby-Friendly hospital. *Pediatrics*, 112(3), 234-236.

#### Research and Models

- Cheyne, H., Hundley, V., & Symon, A. (2003). Policy, practice and research: Does it make a difference? *RCM Midwives Journal*, 6(12), 526-528.
- van Teijlingen, E., & Ireland, J. (2003). Research interviews in midwifery. *RCM Midwives Journal*, 6(6), 260-263.
- van Teijlingen, E., Sandall, J., Wrede, S., Benoit, C., DeVries, R., & Bourgeault, I. (2003). Comparative studies in maternity care. *RCM Midwives Journal*, 6(8), 338-340.



## Have You Read? (From a variety of sources).

### Midwifery and Related Topics

- Clinical Issues. (2004). Legal issues in OGN nursing. *JOGNN*, 33(1), 92-131. [Includes case reports where the maternal heart beat was mistaken for the fetal heart rate. VBAC requirements for patient safety, including being able to recognize a ruptured uterus and remove the fetus in 18 minutes. Parents blaming the NICU staff for newborn harm.]
- Harrison, J. (2004). Auscultation: The art of listening. *RCM Midwives Journal*, 7(2), 64-69. [This paper provides a historical overview of the introduction of fetal auscultation and the recognition of heart rate patterns. The author also reviews the issues surrounding electronic fetal monitoring versus intermittent auscultation. Schiffrin et al. (1992) found that a multiple-count algorithm of three ten-second counts, separated by five-second breaks at 80%, 100% and 120% of the contraction length was more accurate than a single count strategy. The research base for auscultation requires strengthening, as the majority of evidence is derived from randomised controlled trials of electronic fetal monitoring. Little evidence is available regarding the effectiveness of the instruments for auscultation such as the Pinard stethoscope versus the hand-held Doppler.]
- Lee, B. (2004). Ethnic and cultural difference: Implications for maternity care. *RCM Midwives Journal*, 7(2), 70-73. [A report of a meeting of the September 2003 Forum on Maternity and the Newborn of the Royal Society of Medicine. Speakers included Sheila Kitzinger who gave a cross-cultural view of birth illustrating the history of medicalisation of birth. Sally Stockley spoke about her experiences in discovering appropriate maternity care in Uganda in sub-Saharan Africa. (Sally died in a car accident just after this talk). Allison Streetly spoke about the need in the UK to screen for sickle cell disease and thalassaemia, and her struggle to get the government to accept this. By the end of 2005 sickle cell newborn screening should be established across England as a universal programme and should contribute to raising awareness among professionals about the condition. Currently it is estimated that there are more babies born with haemoglobinopathies in the UK than with cystic fibrosis.]
- Walsh, D. (2003). Birth as risky behaviour: Reflections on risk management. *MIDIRS Midwifery Digest*, 13(4), 545-549. [Considering birth as being pathological increases risk. The long term associations between medicalised childbirth and later infant and maternal health are being recognized. Addressing issues of choice, continuity and control could provide a framework for care provision most likely to lead to satisfaction with the childbirth experience. With objectives related more to ensuring that the known advantages in style of care, place of care and clinical support will optimise the childbirth experience for women.]

### Pregnancy

- Bernhardt, J., & Dorman, K. (2004). Pre-term birth risk assessment tools. Exploring fetal fibronectin and cervical length for validating risk. *AWHONN Lifelines*, 8(1), 38-44.
- Kidner, M. C., & Flanders-Stepans, M. B. (2004). A model for the HELLP Syndrome: The maternal experience. *JOGNN*, 33(1), 44-53. [A retrospective, descriptive, qualitative study utilizing grounded theory analysis. The themes and emotions are expressed as a circle. The women still suffered emotionally after surviving HELLP (haemolysis, elevated liver enzymes, and low platelets) syndrome.]



- Remple, G. R., Cender, L. M., Lynam, M. J., Sandor, G. G., & Farquharson, D. (2004). Parents' perspectives on decision making after antenatal diagnosis of congenital heart disease. *JOGNN*, 33(1), 64-70. [Although advances in technology have enabled diagnosis of congenital heart disease, antenatal health professionals must provide information so that informed decision making may occur and then actively support parents and recognize their wishes.]

### Labour and Birth

- Caesarean section: Ethics, research, ICM position statement. (2004). *International Midwifery*, 17(1), 8. [Web sites given include: <http://www.internationalmidwives.org> <http://www.acnm.org>]
- Cluett et al. (2004). Randomised controlled trial of labouring in water compared with standard of augmentation for management of dystocia in first stage of labour. *British Medical Journal*, 328, 314. [From *International Midwifery*, 17(1), 10. Results showed that water immersion reduced the need for syntocinon augmentation and for epidural analgesia. Slow progress in the first stage of labour occurs in 20% of nulliparous women and is given as a reason for 20% of caesarean sections and 40% of instrumental deliveries.]
- Elm, J. (2004). Improving labor and delivery shift report. Adapt this tool for your clinical setting to aid in patient care. *AWHONN Lifelines*, 8(1), 54-59. [Includes a sample shift reporting tool, and some USA web sites. The Health Insurance Portability & Accountability Act, 1996, requires confidentiality, so names and progress details are no longer displayed on a central board. Is this now the requirement in Canada under the Privacy Act?]

### Neonatal Care

- Moos, M-K. (2004). Understanding prematurity. Sorting fact from fiction. *AWHONN Lifelines*, 32-37.
- Pollock, L. (2004). Putting the environment before convenience. *RCM Midwives Journal*, 7(2), 56-57. [The use of disposable nappies [diapers] is now an accepted part of the way we live. But, with such damaging effect to the environment, initiatives such as Real Nappy Week, March 29 to April 4, hope to change. Disposable nappies take 200 to 500 years to decompose. Changes in maternity units from one in which all parents supply their own disposable nappies to that of supplying parents with cotton nappies during their postnatal stay, would impact on the parents.]

### Postpartum

- *Maclean's*, 117(5), 14, February 2, 2004. CRIB DEATHS In a huge legal reversal, Britain's attorney general ordered a review of the convictions of more than 250 parents found guilty of killing their infants. After acquitting a woman convicted in the deaths, eight years apart, of two of her children, an appeal court called for an end to prosecuting parents when **sudden infant death syndrome** is a possibility because there is not enough known about how it kills.



### Family Planning

- Fehring, R. J. (2004). The future of professional education in natural family planning. *JOGNN*, 33(1), 34-43. [In the 2001-2002 academic year, Marquette University College of Nursing introduced the first professional, on-line, for-credit NFP teacher-training program based on the standards for Natural Family Planning of the United States Catholic Conference of Bishops. <http://www.mu.edu/nursing/nfp/training.html> ].

### Women's Health

- AWHONN. (2004). Fortifying oral contraceptives with folic acid. How this concept could benefit women of reproductive age. *AWHONN Lifelines*, 8(1), 12-13.

### Research and Models

- Sakala, C. (2004). Resources for evidence-based practice, January/February 2004. *JOGNN*, 33(1), 88-91. [From the Cochrane database reviews Hodnett et al. (2003). Continuous support for women during childbirth. "Continuous labor support has no known down sides and can help women have a satisfying childbirth experience and avoid risks associated with cesareans and other major interventions. The organization of care in modern maternity units appears to limit the effectiveness of labor support provided by members of the hospital staff. See <http://www.maternitywise.org/prof/laborsupport>. From DARE reviews Oliveira et al. (2003). Extending breastfeeding duration through primary care. <http://www.nhs.uk/york.ac.uk> ].
- van Teijlingen, et al. (2003). Maternity satisfaction studies and their limitations: "What is, must still be best". *MIDIRS Midwifery Digest*, 13(4), 560. [From June 2003, *Birth*, 30(2), 75-82. The authors describe problems with satisfaction studies. There is little consensus about the definition of "satisfaction". Service users tend to value the status quo over innovations of which they have no experience. To stay away from the unknown. The writer of the comments regarding this study highlights that "Hypothetical questions in which respondents are asked to give their probable response to new experiences or care arrangements may considerably underestimate the extent to which the actual responses will be favourable". Respondents want to keep what they know.]

### Alternatives

- Office of Consumer and Public Involvement (OCAP). (2003, Autumn). Look-Alike Sound-Alike Consultation. *Involving You*, 3(1), 4. (Available on <http://ocapi.hc-sc.gc.ca>). Consultation activities are under way for a Look-alike Sound-alike (LA/SA) health product name project. Look-alike sound-alike (LA/SA) health products refer to names of different health products that have similarities in spelling or phonetics. These similarities may pose a risk to health by contributing to medical errors in prescribing, dispensing or administration of a product. The objectives of consultation activities are to:
  - inform/educate interested and affected parties about LA/SA health product names and the current policy development process;
  - ensure accuracy and completeness of the issues identified; and
  - demonstrate an ongoing commitment to relationship building with affected parties.

An LA/SA issue analysis summary and fact sheet has been posted on the Internet and can be viewed on the Biologics and Genetic Therapies Directorate (BGTD) Web site at [http://www.hc-sc.gc.ca/hpfb-dgpsa/bgtd-dpbtg/lookalike\\_soundalike\\_jas\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/bgtd-dpbtg/lookalike_soundalike_jas_e.html)



**Conferences** As this information comes from a variety of sources the editor takes no responsibility for any errors.

## **2004**

March 31-April 2, 2004. "Life Passages: Women, Newborns, and their Families", Women's and Newborn Health Conference (previously the IWK Annual Perinatal Conference), Halifax.

Keynote speaker: Melodie Chenevert.

Contact: heather.simmons@iwk.nshealth.ca

April 23-24, 2004. "Midwifery in the Americas. Yesterday, Today, Tomorrow", ICM Americas Regional Conference.

Contact: Block K, Room 20, Nurses Hostel, General Hospital, Port of Spain, Trinidad, West Indies (Phone/fax: 868-627-9967; E-mail: ttam95@hotmail.com )

May 2-3, 2004. "Evaluating Knowledge Transfer", the Second Annual University of Ottawa Clinical Nursing Research Conference, Ottawa. Opening Keynote Speaker: Dr. Debra Bick, Professor of Midwifery and Women's Health, Faculty of Health and Human Sciences at Thames Valley University, U.K.

Contact: Janet Giguère, Secretary, Masters Program, School of Nursing, University of Ottawa, Room 3051, 451 Smyth Road, Ottawa, ON K1H 8M5 [Tel: (613) 562-5800 - 8430; Fax: (613) 562-5443; E-mail: mscn@uottawa.ca; Web site: <http://www.researchintopractice.com>]

**May 5, 2004. International Day of the Midwife. "Midwives - A Voice for Healthy Families."**

May 14-16, 2004. INFAC Canada's 18-hour Lactation Management Course, Toronto.

Contact: INFAC Canada, 6 Trinity Square, Toronto, ON, M5G 1B1 (Telephone: 416-595-9819)

May 18-21, 2004. "Mapping new Horizons: Politics and Change", RCM annual conference, Cardiff. Topics include politics and change, partnership in practice, making change work, new ways of working.

Abstracts: For presentations by September 29, 2003. For posters by February 27, 2004.

Contact: Frances Day-Stirk, RCM, 15 Mansfield Street, London, W1G 9NH

May 28, 2004. "Cesarean Births". Current Issues in Perinatal Care annual conference.

Contact: Robin Vandekleut, PPESO, (rvandekleut@ppeso.on.ca).

June 3-4, 2004. "Breastfeeding: Understanding the Ethical Issues", 14<sup>th</sup> annual National Breastfeeding Seminar, Toronto.

Contact: INFAC Canada, 6 Trinity Square, Toronto, ON, M5G 1B1 (Telephone: 416-595-9819)

June 9-11, 2004. "Normal Labour and Birth: 2<sup>nd</sup> Research Conference", Grange Over Sands, UK. Speakers include: Robbie Davis-Floyd, Soo Downe and others.

Contact: Alison Hitchen, BDU, Faculty of Health, University of Central Lancashire, Preston, PR1 2HE, UK. (Fax: 011-44-1772-892995; E-mail: [ahitchen1@uclan.ac.uk](mailto:ahitchen1@uclan.ac.uk))

Web Site: [www.uclan.ac.uk/facs/health/bdu/events/conferences](http://www.uclan.ac.uk/facs/health/bdu/events/conferences) ).



June 13-16, 2004. "Population Health in Our Communities", CPHA 95<sup>th</sup> Annual Conference, St. John's, NL

Cost: Members before April 16 \$375/retired or student \$160/before May 7 \$465/\$210/after May 7 \$495/\$250 (slightly reduced rates if a member and first time attendee). Nonmembers before April 16 \$435/retired or student \$190/ before May 7 \$500/\$260/after May 7 \$550/\$305.

Contact: CPHA. 400-1565 Carling Avenue, Ottawa, ON, K1Z 8R1 (fax: 613-725-9826; Web site: [www.cpha.ca](http://www.cpha.ca)).

June 16-18, 2004. Second International Normal Birth Research Conference, Lancashire, England. Keynote speakers are Robbie Davis-Floyd, Holly Powell-Kennedy.

Contact: [ckelshaw@uclan.ac.uk](mailto:ckelshaw@uclan.ac.uk)

June 20-23, 2004. "Public Health and Patient Safety: An Agenda for Action" CNA Biennial Convention, St. John's.

Contact: Debbie Ross, Conference and Event Planner, Canadian Nurses Association, 50 Driveway, Ottawa, ON, K2P 1E2 (Phone: 1-800-361-8404 ext. 214; Fax: 613-237-3520; E-mail: [dross@cna-aiic.ca](mailto:dross@cna-aiic.ca); Web site: [www.cna-aiic.ca](http://www.cna-aiic.ca) ).

**August 1-7, 2004. World Breastfeeding week. "Exclusive breastfeeding: The gold standard - safe, sound and sustainable."**

**October 1-7, 2004. Canada Breastfeeding week.**

October ARNNL 50<sup>th</sup> anniversary meeting

November 11-13, 2004. "Honouring our past, Embracing the present, Redesigning our future", AWHONN Canada 15<sup>th</sup> National Conference, Regina.

Abstracts: Before April 30, 2004.

Contact: Susan Mussell, St. Boniface Hospital, D2045-409 Tache Avenue, Winnipeg, MB, R2H 2A6 (Fax: 204-233-1751; E-mail: [smussell@sbgh.mb.ca](mailto:smussell@sbgh.mb.ca)).



**The International Day of the Midwife - 5 May 2004**  
**Midwives - a voice for healthy families**  
**Raising the profile of midwives as advocates**  
**for healthy women, healthy babies, healthy nations**

According to the 'Definition of the Midwife' (ICM/WHO/FIGO, 1999) a midwife provides 'care and advice to women during pregnancy, labour and the postnatal period ... [and] ...she has an important task in health counselling and education, not only for the women but also within the family and the community'. Where midwifery is strong, the health of women tends to be better and this has a positive impact on families and the wellbeing of children as they grow from newborn to adult.

- Midwives **work in partnership with the women** they care for, so that their actions are appropriate, positive and in harmony with the culture of the family and community
- Midwives may also **have the role of advocacy for childbearing women** as they seek fulfilment of their rights in accessing health care and appropriate support in the community
- Midwives **are experts in normal childbirth**, but also work in collaboration with other health professionals to ensure an effective service for women who may need to be referred
- Through midwives' own work and through these partnerships, **the profile of midwifery can be raised** so that it functions as a strong and influential profession in each country and as an international force

The ICM has worked with colleagues across the world in the past year to promote campaigns for the enhancement of women's and children's health, and to ensure that midwives are informed and involved with the issues that affect the welfare of families. (See details of the campaigns and supporting documents below).

ICM member associations and all midwives are encouraged to build on these foundations, to spread the word of midwifery action at national and international level and to celebrate their own local achievements – midwives everywhere are helping to promote and protect **healthy women, healthy babies and healthy nations!**

For more information about ICM campaigns please visit the ICM website at [www.internationalmidwives.org](http://www.internationalmidwives.org) or contact the headquarters office.

### **ICM campaigns and media statements in 2003**

ICM continues to work on behalf of midwives to represent them at global level and promote the profession's objectives of safety and wellbeing for mothers and newborns, as set out in ICM and partner organisations' policy statements:

- In January 2003, ICM, along with the World Medical Association, International Council of Nurses, World Confederation for Physical Therapy and World Dental Federation, issued a press release entitled '**Civilians pay in war**' calling for a stop to the preparations for war in Iraq – the emphasis of the call was to prevent the devastating impact of hostilities on families, particularly mothers, babies and young children.
- Press release available at [www.internationalmidwives.org](http://www.internationalmidwives.org)
- Press release published in *International Midwifery* 2003; 16: 12;
- ICM Position Statement *Women, Children and Midwives in Situations of War and Civil Unrest* 1999.
- In June 2003, ICM joined forces with the International Council of Nurses in a partnership campaign for improved levels of birth registration, to help achieve the UN Convention's assertion that '**Every child has a right to a name and a nationality**'. It is well demonstrated that the health and welfare of unregistered children is at much greater risk than others.
- Press release 'Midwives and nurses chose World Refugee Day to rollout a joint campaign for birth registration' and statement 'Every child has a right to a name and a nationality' available at [www.internationalmidwives.org](http://www.internationalmidwives.org)
- Background article 'Midwives and nurses work to ensure that every child has a right to a name and a nationality' published in *International Midwifery* 2003; 16: 42
- UN Convention on the Rights of the Child, 1989
- A further powerful partnership was forged in October 2003 when ICM and the International Federation of Gynaecologists and Obstetricians (FIGO) created an ambitious project together to fight one of the major causes of maternal mortality – postpartum haemorrhage. The press release '**Midwives take action against a major cause of maternal death**' was launched at the ICM Asia-Pacific conference and the FIGO World Congress. A joint statement on active management of the 3rd stage of labour was agreed and published, with the aim of midwives and doctors working together to make motherhood safer.
- Statement 'Management of the 3rd stage of labour to prevent postpartum haemorrhage' published in *International Midwifery* 2003; 16: 66
- Press release and statement available at [www.internationalmidwives.org](http://www.internationalmidwives.org)
- ICM Position Statement *Appropriate Intervention in Childbirth*, 1999
- ICM Position Statement *Partnership and the ICM*, 1999
- ICM Position Statement *Collaboration and partnerships for healthy women and infants*, 2002.



**ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR**  
**APPLICATION FOR MEMBERSHIP**  
**2004**

Name: \_\_\_\_\_  
(Print) (Surname) (First Name)

All Qualifications: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(home)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
(work)

E-mail Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Area where working: \_\_\_\_\_

Retired: \_\_\_\_\_ Student: \_\_\_\_\_ Unemployed: \_\_\_\_\_

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: \_\_\_\_\_

National: \_\_\_\_\_

International: \_\_\_\_\_

Would be interested in participating in a research project if asked: Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to my address, postal and Internet, to be released to CAM: Yes \_\_\_\_\_ No \_\_\_\_\_

If already pay CAM fees as a **Full** member of another Canadian Midwives Association, name of Association:

**I wish to be a member of the Midwives Association and I enclose a cheque/money order from the post office**

**for: \$ \_\_\_\_\_**

**(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador).**

Full membership for **ALL** midwives is **\$75.00** (as this includes the Canadian Association of Midwives fees which the Association has to pay).

Associate membership for those who are not midwives is **\$40.00**

Membership for those who are unemployed/retired is **\$20.00**

Membership for those who are residing outside of Canada **\$85.00** (to cover the cost of the extra postage).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0